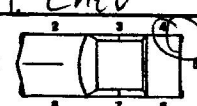
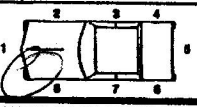


## OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO <b>16-3923</b>	<input type="checkbox"/> OH-2 <input checked="" type="checkbox"/> OH-3	<b>Lebanon Police</b>	<b>0830300</b>	ODHS USE ONLY - DO NOT MARK ABOVE			
REPORT TAKEN <input checked="" type="checkbox"/> AT STATION <input type="checkbox"/> AT SCENE	NO OF VEH PEDESTRIANS INVOLVED	CRASH SEVERITY (CHECK MOST SEVERE) <input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY		COMBINED VEH/PROP LOSS <input checked="" type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150	HIT SKIP <input type="checkbox"/>	SOLVED <input type="checkbox"/>	UNSATISFACTORY <input type="checkbox"/>
IN COUNTY OF WARREN		IN <input checked="" type="checkbox"/> CITY <b>LEBANON</b>		DATE OF CRASH <b>3-6-16</b>	DAY <b>THURS</b>	TIME MILITARY <b>0828</b>	
CRASH OCCURRED ON <b>665 N. Broadway</b>				WITHIN THE INTERSECTION OF <b>Parking Lot</b>			
IF NOT IN INTERSECTION MILES <b>50</b> FEET <b>50</b> OF <b>N. Broadway St.</b>				(LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO)		CITY CODE <b>8303</b>	
LOG-1	LOG-2	LOC	JJR	FM	FLT		
A	UNIT NO. <b>1</b>	NO OF OCCUPANTS	OPERATING <input checked="" type="checkbox"/>	PARKED <input type="checkbox"/>	DRIVERLESS <input type="checkbox"/>	HIT & RUN NON CONTACT <input type="checkbox"/>	INSURANCE CO OR AGENT <b>Triple A</b>
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) <b>Calderon, Efrain</b>				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) <b>RT 5A, Laurel, DE 19956</b>			
PHONE NO. <b>335-4250</b>		BIRTH DATE <b>9-12-56</b>	AGE <b>59</b>	SEX <b>M</b>	SOCIAL SECURITY NO	STATE	DRIVER'S LICENSE NO <b>Universal Underwriters Ins. Co.</b>
OWNER (IF SAME AS DRIVER, WRITE SAME) <b>Mann Thomas</b>				ADDRESS <b>1931 Crosstown Rd</b>			
VEH YR <b>'96</b>	MAKE <b>Chev</b>	MODEL <b>TK</b>	COLOR <b>White</b>	STYLE <b>TK</b>	STATE <b>OH</b>	LICENSE PLATE NO <b>DNX5874</b>	VEH PED DIR FROM <b>W</b> TO <b>E</b>
CIRCLE DAMAGE AREAS 		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER	DAMAGE SEVERITY <input type="checkbox"/> NON-FUNCTIONAL <input checked="" type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING	DAMAGE SCALE <input type="checkbox"/> NONE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> MODERATE <input type="checkbox"/> HEAVY	VEHICLE DISPOSITION <input type="checkbox"/> DRIVEN AWAY <input checked="" type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE
8	UNIT NO. <b>2</b>	NO OF OCCUPANTS <b>1</b>	OPERATING <input type="checkbox"/>	PARKED <input checked="" type="checkbox"/>	DRIVERLESS <input type="checkbox"/>	HIT & RUN NON CONTACT <input type="checkbox"/>	INSURANCE CO OR AGENT <b>Universal Underwriters Ins. Co.</b>
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) <b>Lebanon Ford</b>				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) <b>770 Columbus</b>			
PHONE NO.		BIRTH DATE	AGE	SEX	SOCIAL SECURITY NO	STATE	DRIVER'S LICENSE NO <b>513-932-1010</b>
OWNER (IF SAME AS DRIVER, WRITE SAME) <b>Lebanon Ford</b>				ADDRESS <b>770 Columbus</b>			
VEH YR <b>2014</b>	MAKE <b>Ford</b>	MODEL <b>SW</b>	COLOR <b>Blk</b>	STYLE <b>SW</b>	STATE <b>OH</b>	LICENSE PLATE NO <b>GLN5460</b>	VEH PED DIR FROM <b>E</b> TO <b>W</b>
CIRCLE DAMAGE AREAS 		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER	DAMAGE SEVERITY <input type="checkbox"/> NON-FUNCTIONAL <input checked="" type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING	DAMAGE SCALE <input type="checkbox"/> NONE <input checked="" type="checkbox"/> MODERATE <input type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY	VEHICLE DISPOSITION <input type="checkbox"/> DRIVEN AWAY <input checked="" type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE
C	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTH DATE	AGE	POSITION	
		ADDRESS		PHONE	SEX	INJURIES	
D	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTH DATE	AGE	CONDITION	
		ADDRESS		PHONE	SEX	1 FATAL 2 SERIOUS VISIBLE 3 MINOR VISIBLE 4 NO VISIBLE INJURY 5 NOT INJURED	
E	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTH DATE	AGE	RESTRAINTS	
		ADDRESS		PHONE	SEX	1 NOT USED 2 NONE AVAILABLE 3 LAP BELT USED 4 LAP/SHOULDER BELT USED 5 SHOULDER BELT USED 6 CHILD SAFETY SEAT 7 AIR BAG USED 8 USE NOT REPORTED	
F	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTH DATE	AGE	ALCOHOL	
		ADDRESS		PHONE	SEX	1 APPARENTLY NORMAL 2 SICK 3 FATIGUED 4 APPARENTLY ASLEEP 5 PHYSICAL DEFECT 6 OTHER CONDITION 7 UNKNOWN	
A	B	C	INJURED TAKEN TO			ALCOHOL	
D	E	F	INJURED TAKEN TO			1 YES 2 NO TESTED	
OFFENSE CHARGED AND DESCRIPTION							1 NO ALCOHOL DETECTED 2 HBD ABILITY IMPAIRED 3 HBD ABILITY NOT IMPAIRED 4 HBD ABILITY UNKNOWN
OFFENSE CHARGED AND DESCRIPTION							1 NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE
RECEIVED CALL <b>0828</b> DISPATCHED <b>0829</b> ARRIVED <b>0840</b> CLEARED <b>0849</b> OTHER TIME <b>0</b> TOTAL MINUTES <b>21</b>							1 NO DRUGS DETECTED 2 USING PRESCRIBED DRUG 3 USING ILLEGAL DRUG
DATE REPORT FILED <b>3-14-16</b> PHOTOS <b>YES</b> OFFICER'S NAME <b>Barber</b> BADGE NO. <b>120</b> CHECKED BY							